MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036487 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1082 Registrar's No. 4750

FILED SEP 18 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City

Length of stay in 1b: 68 YEARS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3305 Brooklyn Ave. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3305 Brooklyn Ave. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Otto Middle: William Last: Stover

4. DATE OF DEATH Month: Aug. Day: 25 Year: 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-28-1893

9. AGE (last birthday) 69

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator

10b. KIND OF BUSINESS OR INDUSTRY Stover Dry Cleaners

11. BIRTHPLACE (City and state or country) Harlem, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frederick Stover

13b. MOTHER'S MAIDEN NAME Elizabeth Longenberg

14. NAME OF HUSBAND OR WIFE Elizabeth Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –

16. SOCIAL SECURITY NO.

17. INFORMANT Address 3305 Brooklyn Ave., K.C., Mrs. Elizabeth Stover Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

MEDICAL CERTIFICATION

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____

Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George C. Kealhofer M.D.

22b. ADDRESS 662 Rust Bldg K.C. Mo.

22c. DATE SIGNED 8-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug. 27 1963

23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery

23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR ADDRESS 1331 Brush Creek, D.W. Newcomer's Sons, K.C., Mo.

25. DATE RECD. BY LOCAL REG. 8-27-63

26. REGISTRAR'S SIGNATURE Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Rollie Kesel

Licensed Embalmer No. 4690

P. O. Address Indep Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.